L22000192533

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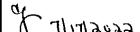
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COVER LETTER

TO: Registration So Division of Cor			· ,
	S FOR MILES, LLC		,
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffrey H. Traynham, Esq.		
		Name of Person	
	Sui Generis Law, PLLC		
		Firm Company	
	174 Rainbow Drive, #7411		
		Address	
	Livingston, TX 77399		
		City/State and Zip Code	
	jeff@suigenerislaw.com	33	
For further information c	n-mail address: (concerning this matter, please c	to be used for future annual report not all:	itication)
Jeffrey H. Traynham		352 682-7813	
Name o	l'Person	at () Area Code ——Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30 00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Co	rporations
P.O. Box 632		The Centre of T	
Tallahassee, l	FL コピン 14	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEMORIES FOR MILLES, LLC

2022 HAY 17 AH II: 43

(Name of the Limited	Liability Company as it now appears on or Florida Limited Liability Company)	r records.)	J
(A	Florida Limited Liability Company)		5
The Articles of Organization for this Limited Liab Florida document number L22000192533	fility Company were filed on $\frac{4/22/2022}{1}$	and assigned	
	,		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and contain the word	ls "Limited Limbility Company," the designati	on "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET .	41313111000		_
			_
		-	_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		_
			-
			_
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office address on our records	, enter the name of the new registe	rec
agent and/or the new registered office address in	iere:		
Name of New Registered Agent:			
Name of New Registered Agent.		<u> </u>	-
New Registered Office Address:	11 11 11 11		_
	Enter Florida stree	l address	
-	City	Florida Zip Code	_
	$c_{\dot{W}}$	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SICOLE LEONARD	1827 LATELIA COURT	= Add
		TRINITY, FL 34655	
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			□Add
			□Remove
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ffective date, if other the an effective date is listed, the date inserted in	this block does not it	neet the applicable st	of filing or more than atutory filing requi:	(optional) 90 days after tiling.) Purstements, this date will	uant to 605 0207 (not be listed as t
ocument's effective date or	the Department of S	itate's records			
record specifies a delayed of is filed.	affective date, but not	an effective time, at	12:01 a.m. on the c	earlier of: (b) The 90t	h day after the

Typed or printed name of signee

TKENNETH J. LEONARD, AMBR